

Inclusion Consumer Questionnaire Pre-Survey

Demographic Data

Date: _____

Name of child: _____ Name of Parent/Guardian: _____

Current school: _____ Teacher's name: _____

DOB: _____ Grade as of September 2002: _____

What is the diagnosis/presenting problem of your child who is attending the program:

Primary

(Check one)

Secondary

(Check all
that apply)

- | | | |
|-------|-------|-------------------------------------|
| _____ | _____ | 1. mental retardation |
| _____ | _____ | 2. autism |
| _____ | _____ | 3. cerebral palsy |
| _____ | _____ | 4. Other physical disability: _____ |
| _____ | _____ | 5. attention deficit disorder |
| _____ | _____ | 6. learning disability |
| _____ | _____ | 7. behavior disorder |
| _____ | _____ | 8. visual impairment |
| _____ | _____ | 9. hearing impairment |
| _____ | _____ | 10. asperger's |
| _____ | _____ | 11. emotional disability |
| _____ | _____ | 12. traumatic brain injury |
| _____ | _____ | 13. other _____ |

What is the overall degree of the primary disability? Circle one.

_____ 1. Mild

_____ 2. moderate

What is your primary goal for enrolling your child in the program?

____ recreation participation (exposure to a variety of activities)

____ socialization (interaction with nondisabled peers, develop friendships)

____ opportunity to experience fun in play

____ physical fitness/wellness

____ recreation activity skill enhancement

____ other: _____

	Always	Sometimes	Seldom	Never	Not Applicable
A. My child plays with peers without disabilities	1	2	3	4	5
B. My child can initiate conversation with peers	1	2	3	4	5
C. My child participates in a variety of recreation activities	1	2	3	4	5
D. My child can complete a task that lasts 20 minutes	1	2	3	4	5
E. My child can communicate his needs	1	2	3	4	5
F. My child gets easily frustrated in recreation activities	1	2	3	4	5
G. My child can consistently make choices	1	2	3	4	5
H. When upset my child can manage his/her anger	1	2	3	4	5
I. My child consistently requires visual aids to participate in an activity	1	2	3	4	5
J. My child cooperates with others; shares supplies	1	2	3	4	5
K. My child makes positive statements about himself/herself	1	2	3	4	5

L. My child can stay his/her assigned group with minimal supervision	1	2	3	4	5
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What strategies/techniques are used at home or school to discourage inappropriate behavior:

What specific accommodations are you requesting for your child?

My Child's Strengths are:

- 1) _____
- 2) _____
- 3) _____

Thank you for your feedback!

Check the box that applies to your child (if applicable):

Social behavior	Communication behavior	Unusual Behavioral Characteristics	Learning Characteristics
<input type="checkbox"/> Relates to people with difficulty	<input type="checkbox"/> Develops and understands gestures poorly	<input type="checkbox"/> Acts deaf and/or very sensitive to some sounds	<input type="checkbox"/> Develops unevenly within and across skills areas
<input type="checkbox"/> Has fears/phobias	<input type="checkbox"/> Speaks infrequently or all at all for 50% or more of the time	<input type="checkbox"/> Resists change in routine	<input type="checkbox"/> Resists changes in learning environment
<input type="checkbox"/> Lacks understanding of social cues	<input type="checkbox"/> Has difficulty understanding abstract concepts	<input type="checkbox"/> Lacks fear or real danger	<input type="checkbox"/> Has difficulty with unstructured time and waiting
<input type="checkbox"/> Avoids eye contact	<input type="checkbox"/> Has problems answering simple questions	<input type="checkbox"/> Exhibits repetitive body movements such as rocking, pacing, hand flapping	<input type="checkbox"/> May not generalize skills to other areas and places
<input type="checkbox"/> Wants to be alone frequently	<input type="checkbox"/> Lacks comprehension of content and timing of communication	<input type="checkbox"/> May stare or fixate on objects	<input type="checkbox"/> Over selects one or more stimuli with failure to understand the whole
<input type="checkbox"/> Develops strong inappropriate attachments to objects	<input type="checkbox"/> Perseverates on one topic, rambles	<input type="checkbox"/> Explores environment by inappropriate methods such licking, smelling, handling	<input type="checkbox"/> Exhibits impulsivity and inconsistency
<input type="checkbox"/> Giggles, laughs, screams inappropriately	<input type="checkbox"/> Follows line of exchange with difficulty	<input type="checkbox"/> has short attention span to task	<input type="checkbox"/> Needs to be taught to make choices, decisions, and plans
<input type="checkbox"/> Lacks imaginative play	<input type="checkbox"/> Has difficulty communicating socially	<input type="checkbox"/> Uses peripheral visions rather than straight on vision and/or avoids looking	<input type="checkbox"/> Relies on cues and learned routines
<input type="checkbox"/> Lacks understanding of how others feel	<input type="checkbox"/> Imitates communication infrequently	<input type="checkbox"/> May avoid human contact in favor of touching objects	<input type="checkbox"/> Usually in not competitive objects
<input type="checkbox"/> Expresses emotions inappropriately and has narrow range	<input type="checkbox"/> Runs, or self-injurious to express frustration		
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other: